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APPLICANTS
 ✓ Kurt von Figura, Gottingen, GERMANY;
 ✓ Bernhard Schmidt, Gottingen, GERMANY;
 ✓ Thomas Dierks, Gottingen, GERMANY;
 ✓ Michael W. Heartlein, Boxborough, MA;
 ✓ Maria Pia Cosma, Naples, ITALY;
 ✓ Andrea Ballabio, Naples, ITALY;

DIS
**** CONTINUING DATA *******
 ✓ This appln claims benefit of 60/447,747 02/11/2003 *DIS*

**** FOREIGN APPLICATIONS *******
NONE - DIS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 03/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 9	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 10
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35 USC 119 (a-d) conditions ☐ yes ☒ no ☐ Met after met
 Verified and Acknowledged *DIS* Allowance *DIS*
 Examiner's Signature Initials

ADDRESS
 Konstantinos Andrikopoulos
 Transkaryotic Therapies, Inc.
 700 Main Street
 Cambridge, MA02139

TITLE
 Diagnosis and treatment of multiple sulfatase deficiency and other sulfatase deficiencies

FILING FEE RECEIVED 751	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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